

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90185 012 \*\*\*550.00

0203725 AV

DOCUMENT # **P00000062473**



1. Entity Name  
**J.B.C. OF SOUTH FLORIDA, INC.**

Principal Place of Business  
**9737 NW 41ST ST., SUITE 123  
MIAMI FL 33178**

Mailing Address  
**9737 NW 41ST ST., SUITE 123  
MIAMI FL 33178**



2. Principal Place of Business  
**SAME**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**SAME**

Suite, Apt. #, etc.  
**SAME**

City & State  
**SAME**

City & State  
**SAME**

4. FEI Number **65-1086599**

Applied For  
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip **SAME** Country **SAME**

Zip **SAME** Country **SAME**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BERGHOLM, EDWARD JR.  
1341 SW 1ST ST.  
MIAMI FL 33135**

**7. Name and Address of New Registered Agent**

Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MARANTE, JOHN E</b>
STREET ADDRESS	<b>9721 NW 51ST LANE</b>
CITY-ST-ZIP	<b>MIAMI FL 33178</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MARANTE, MARIA</b>
STREET ADDRESS	<b>9721 NW 51ST LANE</b>
CITY-ST-ZIP	<b>MIAMI FL 33178</b>
TITLE	<input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>"SAME"</b>
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>"SAME"</b>
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another I am empowered.

SIGNATURE: **SIGNATURE PRESIDENT**

**5/25/03 305-3771666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)